Form C-103 State of New Mexico Submit 3 Copies To Appropriate District Office Energy, Minerals and Natural Resources Revised March 25, 1999 District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 30-025-32364 District II OIL CONSERVATION DIVISION 5. Indicate Type of Lease 811 South First, Artesia, NM 87210 2040 South Pacheco District III STATE X FEE Santa Fe, NM 87505 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 6. State Oil & Gas Lease No. 2040 South Pacheco, Santa Fe, NM 87505 A-1320 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name: (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR, USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) VACUUM GLORIETA EAST UNIT 1. Type of Well: TRACT #01 Oil Well Gas Well Other 8. Well No. 2. Name of Operator Phillips Petroleum Company 9. Pool name or Wildcat 3. Address of Operator VACUUM GLORIETA 4001 Penbrook Street Odessa, TX 79762 4. Well Location 1455 1330 feet from the EAST feet from the line and line Unit Letter **NMPM** County Township 17S Range 35E LEA 28 Section 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3953' DF 3941' GR 11. Check Appropriate Box to Indicate, Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: PLUG AND ABANDON **REMEDIAL WORK** ALTERING CASING PERFORM REMEDIAL WORK **CHANGE PLANS** COMMENCE DRILLING OPNS. **PLUG AND** TEMPORARILY ABANDON **ABANDONMENT** CASING TEST AND **PULL OR ALTER CASING MULTIPLE CEMENT JOB** COMPLETION X OTHER: INTEGRITY TEST OTHER: 12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation. 01/09/2002 RANT 30 MINUTE INTEGRITY TEST WITNESSED BY OCD (ROBINSON) START @ 510# END @ 510# CIBP 6155' #1 AND 6000' #2 PBTD 6291' TEST OK'D BY OCD. I hereby certify that the information above is true and complete to the best of my knowledge and belief. REGULATION/PROPATION DATE TITLE SUPVR., SIGNATURE Type or print name LARRY M. SANDERS Telephone No. 915/368-1488 (This space for State use) JAN 2 8 7002 DATE APPROVED BY REFRESENTATIVE ILISTATE MANAM Conditions of approval, if any:

